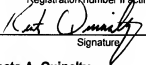


Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).)</i>	Docket Number (Optional) H147 1020.2																												
Application Number 10/618,119	Filed 07/11/2003																												
For Highly Efficient Method of Mixing Dissimilar Fluids Using Mechanically Induced Cavitation																													
Art Unit 1712	Examiner Metzmaier, Daniel S.																												
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																													
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																													
<table style="margin: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Fee</th> <th style="text-align: center;">Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> </tr> </tbody> </table>		Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	<table style="margin: auto;"> <tbody> <tr> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black; text-align: right;">225.00</td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> </tbody> </table>	\$		\$	225.00	\$		\$		\$	
	Fee	Small Entity Fee																											
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60																											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225																											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510																											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795																											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																											
\$																													
\$	225.00																												
\$																													
\$																													
\$																													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																													
<input type="checkbox"/> A check in the amount of the fee is enclosed.																													
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																													
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																													
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 09-0528 . I have enclosed a duplicate copy of this sheet.																													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																													
I am the <input type="checkbox"/> applicant/inventor.																													
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).																													
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,426																													
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____																													
 _____ Signature	12/13/06 _____ Date																												
Keats A. Quinalty _____ Typed or printed name	(404) 879-2423 _____ Telephone Number																												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																													
<input checked="" type="checkbox"/> Total of 1 forms are submitted.																													

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.